

FARMERS' MARKET NUTRITION PROGRAM (FMNP) APPLICATION FOR FARMSTANDS

INSTRUCTIONS

- Farmstand operators who wish to accept WIC and Senior FMNP drafts at a farmstand site must complete this form.
- If the farmstand has been approved in the past, some of the previously provided information is preprinted on the form. If any preprinted information is incorrect, please correct it. Complete any areas that do not have preprinted information.
- All requested information must be provided. The review process will be delayed if all of the information is not provided.
- If additional space is needed to provide the requested information, an additional sheet of paper may be attached.
- The completed form should be mailed to Division of Public Health, Farmers' Market Nutrition Program, PO Box 2659, Madison, Wisconsin 53701-2659.
- After the application has been reviewed, the applicant will be notified if WIC and Senior FMNP drafts may be accepted at the farmstand site.

SECTION 1 – Vendor Information

Name of Applicant	Telephone Number of Applicant (Include Area Code)
Street Address of Applicant	City, State, Zip Code

SECTION 2 - Farmstand Information

Street Address of Farmstand	City, State (Must be WI)	County
Location Information (For example, Festival Food Store's parking lot)	Type of Produce Sold	

The WIC FMNP requires a trained seller to be present. Will a FMNP trained seller be present during open hours?

☐ Yes ☐ No

Is produce not grown in Wisconsin available at the site?

☐ Yes ☐ No

If yes, since the FMNP allows only Wisconsin grown produce to be purchased with FMNP drafts, will there be enough selection of Wisconsin grown produce sold to justify approving your stand to accept FMNP drafts?

☐ Yes ☐ No

Dates Open (Example: "August 1 through October 31." Provide specific dates or processing will be delayed.)

Farmstand Hours (Example: 1:00 p.m. – 5:00 p.m.)

Sunday _____ Monday _____ Tuesday _____
Wednesday _____ Thursday _____ Friday _____
Saturday _____

I, the undersigned, do certify that the information contained herein is accurate and complete:
SIGNATURE – Applicant

Date Signed

FOR OFFICE USE ONLY

☐ Yes ☐ No WIC FMNP Approved Vendor ID Number _____

☐ Yes ☐ No Senior FMNP Approved Date of Farmstand Approval _____